P04000066476

| (Reques | tor's Name) | , |
|--------------------------------|-----------------|---------|
| | | |
| (Address | ;) | <u></u> |
| | | |
| (Address | s) | |
| · | | |
| (Citv/Sta | te/Zip/Phone #) | |
| (Only, Out | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Busines | s Entity Name) | |
| | | |
| (Docume | ent Number) | |
| | | |
| Certified Copies | Certificates of | Status |
| Coralled Copies | Coromodico or | |
| ···· | | |
| Special Instructions to Filing | Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ļ |
| | | |

Office Use Only

4 P. WHITE APR 2 2 2004



000032950450

04/19/04--01056--012 **87.50

TALL/FLISTEE, ILLERIDA

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | Better Choice t | ainting Inc | UDASUNUX) |
|----------------------|--|---|--|
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | a check for: |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | ₩ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: | Timothy F. Cor | (Printed or typed) | |
| | 12600 Glen Ab | bey Drive | |
| | Grand Island | FL 32735 State & Zip | |
| | 352/483-365 Daytime T | elephone number | |

NOTE: Please provide the original and one copy of the articles.

| In compliance with Cl | napter 607 and/or Chapte | r 621, F.S. (Profit |) | | |
|---|--|------------------------|---------------------------|---|-------------------------|
| The name of the corpo | ame ration shall be: BeHe | r Choice ' | Painting, I | nc. FILE | D |
| ARTICLE II PI The principal place of I Grand Isla | RINCIPAL OFFICE business/mailing address and, FL 3903 | is: 12600 (35. | Glen Aldber | 2004 APR 19 P DERETARY OF S TALLAHASSEE, FL | I: 13 STATE ORIDA |
| The purpose for which engaged in properties | turpose In the corporation is organ Cointing SHARES of stock is: 100. | nized is: Dro | fit busine and com | ss mercial | |
| List name(s), address | ITIAL OFFICERS AN (es) and specific title(s): HMY F. Cook M. Cook | pres | ident | surer | |
| | REGISTERED AGE a street address of the re Aloney Driv | gistered agent is: | | | • |
| The name and addres | NCORPORATOR s of the Incorporator is: | Timothy | F. Cook, land, FL | 12600 32735. | |
| Having been named as rej | ************************************** | e of process for the a | bove stated corporation o | at the place designated in | • |
| _Sinothy | Cole | | 4 | 14.04 | |
| Signature/R Signature/R Signature/R | Agistered Agent College | | <u>4</u> | Date -14-04 Date | |

ARTICLES OF INCORPORATION